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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Ruben et al.

Docket No.: PF523P1

Application No.: 09/880,748

Confirmation No.: 5654

Filed: June 15, 2001

Art Unit: 1645

For: Antibodies That Immunospecifically Bind to B
Lymphocyte Stimulator Protein (as amended)

Examiner: P. A. Duffy

TRANSMITTAL LETTER

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In accordance with 37 C.F.R. § 1.125, Applicants respectfully submit herewith a clean copy of the Substitute Specification (Description and Abstract only) which was submitted in marked-up form on December 14, 2004.

Applicants submitted a marked-up version of the Substitute Specification (Description and Abstract only) on December 14, 2004. Pursuant to a USPTO Official Gazette Notice dated 25 February 2003, Applicants did not believe it was necessary to submit a clean version of the Substitute Specification. However, it has come to the attention of the undersigned that 37 C.F.R. § 1.125 requires that a clean version a Substitute Specification be submitted with a marked up copy of the specification. Therefore, to fully comply with 37 C.F.R. § 1.125, Applicants submit herewith a clean copy of the Substitute Specification which was submitted in marked up form on December 14, 2004. Applicants respectfully request entry of this clean version of the Substitute Specification into the record.

Applicants do not believe any fee is necessary with this submission. However, the Commissioner is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith to our Deposit Account No. 08-3425.

Dated: January 18, 2005

Respectfully submitted,

By Michele Shannon

Michele Shannon

Registration No.: 47,075

HUMAN GENOME SCIENCES, INC.

Intellectual Property Dept.

14200 Shady Grove Road

Rockville, Maryland 20850

(301) 354-3930

KKH/MS/ba



PTO/SB/17 (12-04v2)

Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
FEE TRANSMITTAL For FY 2005		Application Number	09/880,748-Conf. #5654
		Filing Date	June 15, 2001
		First Named Inventor	Steven M. Ruben
		Examiner Name	P. A. Duffy
		Art Unit	1645
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	Attorney Docket No.	PF523P1	
TOTAL AMOUNT OF PAYMENT (\$) 0.00			

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 08-3425 Deposit Account Name: Human Genome Sciences, Inc.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

36 - 96 = x =

Multiple Dependent Claims

Fee (\$) **Fee Paid (\$)**

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

4 - 6 = x =

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**

_____ - 100 = _____ / 50 _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

SUBMITTED BY

Signature	<u>Michele Shannon</u>	Registration No. (Attorney/Agent)	47,075	Telephone	(301) 354-3930
Name (Print/Type)	Michele Shannon	Date	January 18, 2005		